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EDITED BY J. M. H. MACLEOD.

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MARCH, 1908.

THE RELATIONSHIP OF LUPUS ERYTHEMATOSUS AND ERYTHEMA MULTIFORME, WITH AN ILLUSTRATIVE CASE.

By JAMES GALLOWAY and J. M. H. MACLEOD.

The case which forms the basis of this contribution is one of unusual interest at the present time, when the nature of Lupus erythematosus is under discussion, and its relation to tuberculosis on the one hand and to Erythema multiforme on the other is being debated. The patient whose case is about to be described presented lesions on the face and hands which were of such a nature as to form a connecting link between a circinate Erythema multiforme and acute Lupus erythematosus, lesions on the fingers suggesting "folliclis," and lesions characteristic of Erythema induratum on the legs.

Description of the Case.

The patient, Beatrice S—, aged 27 years, first came under our observation in the out-patient skin-department at Charing Cross Hospital in August, 1906.

She was a somewhat delicate-looking woman who led the sedentary life of a dressmaker. Her father was alive, and was said to be healthy. Her mother was also living but was not in good health, the nature of her illness being unknown. The patient was the sixth of a family of eight, and the others were healthy. There was no history of tuberculosis in the family or the immediate antecedents.

The patient had enjoyed excellent health till four years before she

came to the hospital, when she accidentally discovered the first traces of Bazin's disease in the form of one or two nodules on the front of the left leg. They seemed to be situated just below the skin over the tibia. These nodules were painful after the patient had been standing, and finally the pain became so considerable as to prevent her walking. The pains were not continuous; they were shooting in character, but were not of the severe type which suggests involvement of the bone, and did not prevent sleep at night. The skin over these nodules gradually became red, forming erythematous patches, oval in shape, and of about an inch in the long diameter; as the erythema made its appearance the pain decreased. These patches were still obvious, though they had diminished in brightness and in size. There was neither ulceration nor discharge of pus from these lesions; a coarse desquamation followed the erythema. Following the appearance of the two nodules noted, several smaller lesions appeared on both legs, and passed through a somewhat similar course of development.

Fourteen months before coming to the hospital a red nodule the size of a split-pea developed on the ulnar side of the back of the right hand. Several others of similar character made their appearance shortly afterwards on both hands. At length these nodules showed themselves on the fingers, and became reddened in colour and surrounded with a good deal of erythema. On one occasion one or two of the nodules suppurated, and after poulticing a certain amount of pus was discharged. The suppurative lesions healed entirely, but the others persisted.

The lesions on the face appeared in 1905, at about the same time as the affection of the hands. The patient described herself as having been in fairly good health during the whole of this period, the condition of her skin causing her comparatively slight discomfort and annoyance. She had suffered, however, for as long as she could remember from a weak peripheral circulation, which manifested itself in cyanosed and clammy hands, cold feet, and a marked tendency to chilblains.

In October, 1906, the patient was exhibited at the Dermatological Society of London (*vide Brit. Journ. Derm.*, 1906, vol. xviii, p. 406), when the following notes were made: A number of lesions of Bazin's disease, in various stages of evolution, from deep-seated nodules to

depressed pigmented scars, were present on the calves of the legs. In addition to the lesions on the legs there was on the face an actively spreading eruption of erythematous, scar-leaving patches, of the nature of Lupus erythematosus. These patches were observed around the eyes, on both cheeks, near the angles of the jaws, and on the sides of the neck. The lesions on the neck were recent, and presented a wavy, raised border. The fingers were also affected, especially those of the left hand, where there were several persistent, congested patches, of a purplish tint, and a number of small white atrophic scars.

A physical examination was made of the patient about this time, which failed to reveal any definite physical defect in the chest. She was given a course of cod-liver oil and malt and various soothing applications for the skin, and told to take every advantage of the fresh air in the country where she lived. In spite of living in the country and the treatment the disease went on spreading, and as new lesions kept appearing on the hands and face it was decided to admit her into hospital, which was done on October 25th, 1906.

A general examination was made on her admission, and it was at first noticed that she appeared to be sound in every respect except for the skin-affection; an exception was subsequently taken to this note, as will be mentioned, on a more careful examination.

The patient was kept in bed after admission for some days, and was quite comfortable and appeared to be fairly healthy. The skin-lesions especially gave her less discomfort, and the temperature, pulse, and respiration records were all perfectly normal.

A few days after admission the following notes were made as a result of more critical examination:

Condition of skin. — *Face:* "Situated symmetrically on both sides, involving mainly the skin in front and behind the angle of the lower jaw, extending over the cheek in front and back to the lateral line of the neck were ringed and circinate erythematous patches. The erythematous areas of skin were slightly thickened, presenting closely in appearance those of chronic Erythema (multiforme) exudativum. Interspersed among the erythematous patches on both cheeks were small, ringed areas, about half an inch in diameter, where the skin was atrophic, nearly scar-like. The patient stated that these atrophic patches had appeared at points which discharged and

which she had poulticed last March (1906). In addition to the general areas involved there were small, outlying, erythematous lesions both on the face and neck.

"The whole of this condition dated from December, 1905."

Hands: Both hands were involved, nearly symmetrically, but the right was more seriously affected than the left. The lesions consisted of erythematous areas which tended to atrophy and became more severe towards the tips of the fingers. Interspersed among these areas of erythema were small nodular lesions, but these occurred also where the skin appeared to be normal. They appeared to produce points of atrophy about one eighth to a quarter of an inch in diameter, and resembled the lesions described as "folliclis." Actual necrosis had occurred at the tip of the left little and ring finger and the right little finger and thumb.

The whole of this condition dated back to August, 1905.

Legs.—Left: There were small lesions resembling those of the hands at the extremities of the fifth and fourth toes. The leg presented six areas where the skin and subcutaneous tissue had been affected. The colour of these lesions was bluish-red, and their shape rounded. The surface tended to desquamate, but there appeared to have been actual ulceration of one on the front of the shin. At the back of the leg near the centre of the calf several nodules had coalesced, forming an irregular indurated area.

Right: The toes were unaffected. The leg showed a few pigmented scars, with small thickened skin-eruptions on the posterior surfaces at about the junction of the middle and lower thirds of the leg. The affection of the lower extremities dated back to 1902.

Back.—Between the shoulder-blades was an area showing a papular and circinate seborrhoic eruption quite different in type from that already described.

The scalp also presented in a mild degree the signs of seborrhoic dermatitis.

The examination carried out on the admission of the patient appeared to show that she was not only well-nourished but was in good health, with the exception of the skin-lesions described. On account, however, of the importance of the case, especially the possible relationship of the skin-affection to internal conditions, a critical physical examination was carried out.

No signs of disease of the internal organs were discovered with the exception to be noted. It is especially important to observe that the blood, on repeated examination, was normal in its characters, and in view of the relation of erythematous lesions to diseases of the kidney it is noteworthy that no abnormal constituent was found in the urine during her residence in the hospital.

Condition of the lungs.—On her admission attention was drawn to the condition of the upper part of the right lung. Careful examination now showed that the air-entrance at the right apex was not perfect, and that in addition there appeared to be slightly deficient resonance as compared with the left side. These signs were so slight that some doubt was expressed as to their significance. The patient had never given any history of lung disease, no symptoms were described, and during her residence in the hospital there was no rise of temperature, no cough, no expectoration, nor any of the ordinary signs of chronic pulmonary affection. Nevertheless, the comparative inefficiency of the lung at the apex of the right upper lobe was repeatedly noted. Thus on November 9th there was a note to the effect that "the normal breath sounds were imperfect at the right apex in front, to a less extent below the clavicle; behind they were diminished in vigour as far as the fifth rib. There was slight comparative dulness at the right apex in front and behind." A note to the same effect was entered on November 19th.

The progress of the patient while in bed was satisfactory. She was comfortable, improved in general condition, and the skin-lesions in the face and extremities faded in colour. The seborrhoic dermatitis at the back had vanished as a result of mild sulphur treatment by November 6th. In spite, however, of the general improvement of the skin-lesions, occasional fresh erythematous patches appeared.

On November 15th, two small patches about the size of threepenny-pieces made their appearance immediately beneath the right eye.

Appreciating the importance of a correct diagnosis in the case, and in view of the discussion as to the ætiology of the skin-lesions of the type described, it was determined to give the patient a diagnostic injection of tuberculin.

On November 22nd $\frac{1}{1000}$ c.c. of the old tuberculin was injected subcutaneously in the left flank at 2 p.m. At 4 o'clock the temperature rose to 100° F., at 6 o'clock to 102° F., at 9 o'clock to 103° F.

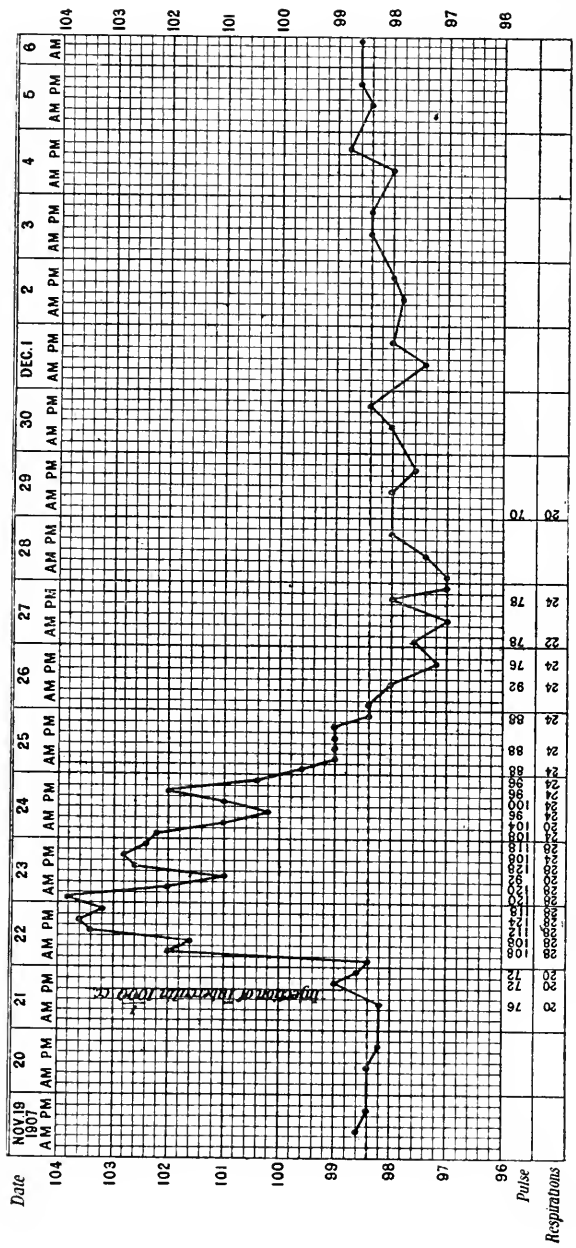

Chart showing the febrile attack due to the injection of tuberculin.

The course of the pyrexial attack is indicated on the appended chart.

The patient felt out of sorts during the attack of fever, but not seriously ill. Shortly after the injection many of the subcutaneous lymph-glands were noted to be enlarged—for instance, in both axillæ, beneath the chin, in the left popliteal space and the left inguinal region. An attack of Herpes labialis also developed.

The condition of the lungs was carefully watched throughout the febrile reaction and afterwards, but it was satisfactory to report that no new physical signs had developed. The indications in the lungs were of the same indefinite character as those already noted immediately after the attack, and also when she left the hospital, ten days after the temperature had definitely fallen. During the residence of the patient in the hospital a gradual improvement of the erythematous lesions was observed; this, however, was not more than could be safely attributed to the fact that she was living indoors and had not been exposed to cold. The patient left the hospital on December 6th in good health and much improved in her appearance, but still presenting evidences of the various cutaneous lesions.

General Discussion on the Case with Reference to the Literature on the Subject.

The record of this case is given fully as an observation to be added to our knowledge on the subject of erythematous eruptions of the type of Lupus erythematosus. There can be no longer any doubt that symmetrical erythematous eruptions, sometimes exceedingly acute and at other times of a slowly progressive and chronic nature, but in both instances producing destruction and atrophy of the skin, have been observed in relationship with certain visceral disorders. Disease of the kidneys has, perhaps, more frequently been associated with the acute forms of this disorder than disease of any of the other viscera. Cirrhotic disease of the liver, however, has been observed in close association with the more chronic type. There remains the large group known as "Lupus erythematosus," concerning the ætiology of which there is still much doubt and room for investigation. It is now an old suggestion that Lupus erythematosus is in some way or other associated closely with tuberculosis. The great difficulty in establishing even a clinical relationship between these two conditions has served

to throw much doubt on any relationship whatever between Lupus erythematosus and tuberculosis. It is perhaps unwise to draw the conclusion that there is nothing but a casual relationship between these two diseases, and it is as a guide in the discussion of this subject that the observation just given is recorded. In the case of this patient an eruption presented itself with all the characteristics of the milder variety of disseminated Lupus erythematosus; in addition, on the lower extremities there were lesions, which should certainly be classified under the heading Erythema induratum scrofulosorum (Bazin's disease). Careful examination of the lungs in the first instance failed to give evidence of any defect whatever. It was only when under favourable circumstances, and when a careful and critical examination of the lungs was enabled to be carried out, that the very slight defect in respiration was noted, yet the injection of tuberculin in small doses produced a very sharp and definite reaction.

A study of the recent literature on the subject of the relation of Lupus erythematosus to tuberculosis seems to show that the view that certain cases of Lupus erythematosus are in some way connected when the presence of the tubercular toxin is rather gaining than losing ground, and especially among our French colleagues. Boeck (1) of Christiania, was among the first to insist on the tuberculous origin of the disease, and since then numerous distinguished writers have supported his contention, such as Besnier, Hallopeau, Pautrier, and Brocq. Various arguments have been put forward for and against this theory. It has been said that in the majority of cases of Lupus erythematosus there is either a personal or a close hereditary history of tuberculosis, and a mass of statistics have been collected to establish this statement. Pautrier (2) quotes 35 cases of Lupus erythematosus of which only 3 were free of a personal or hereditary tubercular taint. Brocq obtained a tubercular history in three quarters of his cases. Sequeira and Balean (3) elicited a family history of phthisis in 34 out of 71 cases, and found evidences of tuberculosis in the patient in 18 of the cases; they also noted that the disseminated form of Lupus erythematosus was associated with tuberculosis to a greater extent than the discoid type. Out of 250 cases collected by Roth (4) 185 were tuberculous. Walther Pick (5) found that out of 43 cases at the Breslau clinic, only 18 gave evidence of tuberculosis, and Gunsett (6) gave the proportion of 9 cases with tuber-

culosis out of 19 examined. Statistics of this sort, however, showing such a large variation cannot be regarded as conclusive evidence. It is possible in this connection that in several of the cases where there were no obvious tubercular manifestations some latent focus might have been present which would have been revealed had the patient been given an injection of the old tuberculin. In our case, for example, had the patient not been admitted to the hospital and injected the fact that she was tubercular might have been missed.

Another argument which has been used by the advocates of the tubercular theory is that the clinical appearance of the lesions of Lupus erythematosus may closely simulate those of Lupus vulgaris. This is only true, however, in cases of Lupus vulgaris of the superficial type described by Leloir as Lupus érythématoïde, but the course of such lesions, the fact that they leave a brown staining on pressure with a diascope, and their histological characteristics show that their resemblance to Lupus erythematosus is a superficial one.

Another point in favour of the tuberculous origin of Lupus erythematosus which has been brought forward, and one which is borne out by our case, is the fact that Lupus erythematosus may occur in association with various types of skin-affection at present classed as tuberculides, such as folliclis, Lichen scrofulosorum, and Erythema induratum. This point is still further strengthened, since it is admitted by different observers that Erythema induratum is more than a toxi-tuberculide, and is a tuberculous manifestation, possibly due to emboli of tubercle bacilli and endo-phlebitis of the affected region. Positive inoculations in susceptible animals have been obtained from the lesions of Erythema induratum by Thibierge and Ravaut (7) and Colcott Fox (8), and the lesions have been found to react locally to tuberculin injected (Jadassohn [9]), and in a case of Erythema induratum in which an ophthalmo-tuberculin reaction occurred the patient stated that the local lesions became more painful and appeared to be more inflamed (MacLeod [10]). In the case of the papulo-necrotic tuberculide ("folliclis") also some doubt has been cast on the propriety of regarding the condition as a tuberculide, since inoculations in two cases have given positive results (Leiner and Spieler [11]), and a lesion excised from one of the cases showed a typically tubercular architecture.

But there are just as convincing arguments on the other side, and the

most important of these are the facts that tubercle bacilli have never been found in the lesions, that inoculation experiments on the lower animals have been invariably unsuccessful, and that the lesions do not, as a rule, react locally to tuberculin injection. These show that if the lesions are connected with tuberculosis they are not due to the presence of the tubercle bacilli in the skin, and must be caused by toxins from bacilli at a distance from the skin; in other words, that the lesions can only be "toxi-tuberculides" in Darier's sense of the term. But against this there is the fact that even in the showing of those who advocate the tubercular nature of the disease, in the larger proportion of the cases no traces of tuberculosis were discovered in the patients or in their families. In various cases also in which patients suffering from Lupus erythematosus have died from some intercurrent disease and in which post-mortem examinations have been made, no trace of tuberculosis could be discovered in the internal organs which might have been the focus of the toxin. Kren (12) recently reported such a case in detail.

There is another argument against the tuberculous theory, and that is that so far we are not aware of an eruption of Lupus erythematosus having been caused by the injection of tuberculin for diagnostic purposes, whereas in the case of Lichen scrofulosorum an outbreak has on several occasions been reported as the result of an injection.

From these various observations the obvious conclusion is that certain cases of Lupus erythematosus, both of the disseminated and the discoid type, are independent of the tubercular toxin, and in the cases where there were definite signs of tuberculosis the possibility that some other toxin than the tubercular toxin may be responsible is not precluded.

In the majority of cases in our experience no association with tuberculosis could be detected, and considering the prevalence of tuberculosis it is to be expected that Lupus erythematosus might occur in a tuberculous subject in a certain proportion of cases, but there is insufficient proof that the association is more than a casual coincidence.

The close relation which exists between Lupus erythematosus, especially noticeable in the acute forms of the disease, and Erythema multiforme has been from time to time insisted upon. This view we have already discussed in a paper in this journal entitled "Erythema

multiforme and Lupus erythematosus: their relationship to General Toxæmia" (13). Wilfrid Ward (14) has also published observations which seem to indicate that the absorption of pyogenetic toxins may result in one of the forms of toxæmia concerned in the production of Lupus erythematosus.

It seemed to us that it might be of some service in settling this question if a histological examination were made from typical cases of Lupus erythematosus and Erythema multiforme and the results compared.

Comparison between the Histological Characteristics of Erythema multiforme and Lupus erythematosus.

With the object of comparing the histology of Erythema multiforme exudativum and Lupus erythematosus, a number of sections from two cases of Erythema multiforme, one of a lesion of the iris-vesicular type, the other of a red raised patch, were studied and compared with sections from a discoid patch of Lupus erythematosus excised from the face.

The histological appearances in the sections from the two cases of Erythema multiforme may be briefly summarised as follows: Marked changes were present in the epidermis and the superficial layers of the corium such as occur in an acute inflammatory process.

The blood capillaries of the papillary and sub-papillary layers were dilated, but their structure was well maintained. A serous exudation had occurred from them which rendered the collagen in that region œdematous and distended the tissue spaces. The œdema was so marked immediately below the epidermis that it had flattened the papillary layer and made it almost vesicular in places. Around the vessels there was inflammatory cellular infiltration, consisting chiefly of mononuclear cells with a small proportion of polynuclear leucocytes. Some of the mononuclear cells were spindle-shaped and were organising. There was an occasional mast-cell, but no plasma-cells were detected. The cellular infiltration was also collected around the vessel of the sweat-coil.

In the epidermis the basal layer was blurred owing to the presence of the sub-epithelial œdema and the cellular infiltration. There was marked œdema of the epidermis also. The inter-epithelial lymphatics

of the prickle-cell layer were widened, and to such an extent in places that the inter-epithelial fibrils had been broken and a vesicle formed. The prickle-cells were also œdematous, some of them having their spongioplasm distended with fluid and giving rise to the condition known as "reticulation," others having lost their fibrillary connections and lying free at the margin of the vesicle as swollen homogeneous cells—the "balloon-cells" of Unna. Where the œdema was not excessive the granular layer was defective and cornification interfered with, and there was slight scaliness of the surface. In one portion of a vesicle a number of cocci had gained entrance from the surface, and their presence was associated with numerous pus-cells and leucocytic *débris*.

These changes, both in the corium and the epidermis, were evidences of an acute inflammatory condition of the skin, which suggested as a cause a toxin reaching the skin *viâ* the blood-vessels.

The histological appearances of the sections of Lupus erythematosus discoides were briefly as follows: The epidermis and the corium were both involved. In the corium the blood-vessels of the papillary and sub-papillary layers were affected. Some were dilated and surrounded by a dense cellular infiltration, others were so packed with cells as to suggest a thrombus; in a certain number of them the endothelium of the vessel-wall seemed to have disintegrated in places, and the capillary was only indicated by a space in a cellular focus. The upper parts of the pars reticularis and the papillary layer were œdematous in places, but not to the same extent as in the sections of Erythema multiforme. The collagen in the papillary layer had become rarefied and was broken up in places, and the elastic tissue was also defective, this being especially the case where the cellular infiltration was densest. The cells were grouped chiefly about the capillaries of the papillary and sub-papillary layers and around the sweat-glands and pilo-sebaceous follicles. These cells consisted of mononuclear cells, some round, others spindle-shaped, a few polynuclear leucocytes, which were irregular in shape and breaking up, a certain number of mast-cells, and here and there groups of plasma-cells. The epidermis was not markedly œdematous. In places proliferation of the prickle-cell layer had taken place. There was also a tendency to hyperkeratosis, chiefly noticeable at the mouth of the hair-follicles, where horny plugs were formed.

Where the underlying capillaries were much dilated and the œdema had spread up into the epidermis the granular layer was defective and imperfect cornification had resulted.

The type of infiltration in the corium, the condition of the fibrous bundles, the marked dilatation of the blood-vessels, and degeneration and obliteration in places of their walls, and the acanthosis and hyperkeratosis in the epidermis, were evidences of an inflammatory process which was not so acute in character as that in the Erythema multiforme but was acting over a longer period. They suggested the presence of some form of toxin or irritant acting in a situation where the vaso-motor control was feeble, so that the toxin did not set up an acute inflammation but collected where there was a certain degree of vascular stasis.

A comparison of the two sets of sections leads to the conclusion that, histologically at all events, the differences between the two were more of degree than of kind; and that whereas in the one case there was a virulent toxin acting on the skin in situations where the circulation was fairly good, in the other a less virulent toxin was acting for a longer period in situations where, for anatomical or other reasons, the circulation was feeble and caused a mild or chronic inflammatory disturbance followed by an imperfect repair and resulting in atrophy.

Brocq (15) has recently described Lupus erythematosus as a peculiar type of reaction of the skin in certain individuals which may be called forth by a variety of causes such as the tubercular toxin, uterine disturbances, digestive troubles, nerve troubles, atmospheric conditions, etc. This individual peculiarity or idiosyncrasy of the skin seems to us to play an important part in the etiology of the disease. Its exact nature is uncertain, but it might possibly be the vaso-motor instability of a feeble peripheral circulation. In our patient there were marked evidences of a feeble peripheral circulation, and Lupus erythematosus has been in numerous instances shown to be connected with circulatory disturbances, such as chilblains (West [16], Perry [17], Adamson [18]) and Raynaud's disease (Pringle [19]).

In *conclusion* we consider: (1) That certain cases of Lupus erythematosus and certain types of Erythema multiforme are so closely related that they may be regarded as the ends of a chain, in which all transitional stages may be encountered.

(2) That they are both due to toxins of various sorts and of different degrees of virulence.

(3) That in Erythema multiforme we have a virulent toxin acting on an individual with a comparatively healthy circulation; whereas in Lupus erythematosus the toxin is less virulent and acts on an individual with a defective peripheral circulation, and tends to affect situations where, from anatomical reasons, the circulation is accomplished with difficulty.

(4) That in the case of Erythema multiforme the reaction is acute and transient, while in Lupus erythematosus it is prolonged, and as it occurs on a tissue with a defective circulation it leads to destructive changes and atrophy.

(5) That the exact nature of the toxin or toxins which are directly responsible for such cases is still uncertain.

(6) That the above conclusions only refer to certain cases of Lupus erythematosus, and that there are others which probably result from external causes.

References.

1. "Report of Second Internat. Dermat. Congress, Vienna," 1892, *Brit. Journ. Derm.*, vol. iv, 1892, p. 339.
2. "Les Tuberculoses Cutanées Atypiques," *Thèse, Paris*, 1903.
3. *Brit. Journ. Derm.*, vol. xiv, 1902, p. 367.
4. *Archiv f. Derm. u. Syph.*, li, 1900, p. 3, 247.
5. *Ibid.*, lviii, 1901, p. 359.
6. *Münch. med Wochensehr.*, 1903, No. 9.
7. *Ann. de Dermat.*, x, 1899.
8. *Brit. Journ. Derm.*, vol. xii, 1900, p. 390.
9. *Monats. f. prakt. Derm.*, xxix, 1899, p. 482.
10. *Brit. Journ. Derm.*, vol. xx, 1908, p.
11. *Archiv f. Derm. u. Syph.*, lxxxi, 1906, p. 221.
12. *Ibid.*, lxx, 1905, p. 303.
13. *Brit. Journ. Derm.*, vol. xv, 1903, p. 81.
14. *Ibid.*, vol. xiv, 1902, p. 447.
15. *Traité élémentaire de Dermat., Prat.*, 1907.
16. *Brit. Journ. Derm.*, vol. xix, 1907, p. 448.
17. *Ibid.*, vol. viii, 1896, p. 223.
18. *Ibid.*, vol. xv, 1903, p. 287.
19. *Ibid.*, vol. vii, 1905, p. 30.

ROYAL SOCIETY OF MEDICINE.

DERMATOLOGICAL SECTION.

A MEETING of the above Section was held at 20, Hanover Square, on Thursday, February 20th, 1908, Dr. H. RADCLIFFE-CROCKER, President, in the chair.

The following cases and specimens were shown :

Dr. H. G. ADAMSON showed (1) a case of *scleroderma and leucodermia*. The patient was a girl, aged 16 years. On the neck and chin on the left side there was a large irregular area of leucodermia

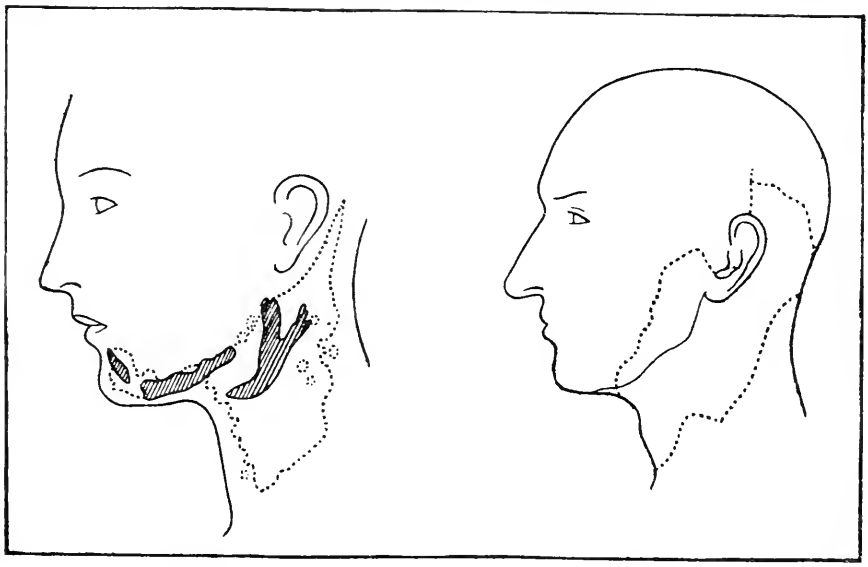

FIG. 1. FIG. 2.

FIG. 1.—Dotted lines show area of leucodermia; shaded parts areas of scleroderma.

FIG. 2.—Showing area of tactile anæsthesia after removal of posterior root ganglia of second and third cervical segments. (After Cushing.) (*Bulletin John Hopkins Hospital*, July-August, 1904, p. 213.)

with a margin of deeper pigmentation and some finger-nail-sized pigment macules over the white area. Occupying part of the same area were three elongated patches of scleroderma. Apart from the interest of the unusual association of leucodermia and scleroderma was the fact that the distribution corresponded very closely with the

sensory area of the second and third posterior cervical roots. Towards the chin, however, it overlapped this area and passed on to that of the third division of the fifth cranial. The patient had been prevented coming to the meeting, but a diagram of the distribution of the lesions was shown, together with one (after Cushing) showing the sensory area of the second and third cervical segments.

(2) A case of *telangiectasis of the cheek*. The patient was a girl, aged 10 years, who presented on the right cheek a circumscribed patch, 2 by $1\frac{1}{2}$ in., made up of a collection of closely-set tufts of dilated blood-vessels. The condition had been first noted at a few months of age as a finger-nail-sized patch which was taken for a bruise. The patch had gradually increased to its present size. The exhibitor regarded the affection as an unusually large "spider-nævus," or, rather, collection of "spider-nævi." Several members, however, thought that some of the "tufts" showed also a certain amount of increase of tissue, so that minute nodules could be felt, and the diagnosis of Adenoma sebaceum was suggested and a biopsy advised.

The PRESIDENT said that there was more than telangiectasis in the last case. One could not tell what such lesions of congenital origin were until they were microscopically examined. He had noticed also some atrophic scarring in one or two places.

Dr. WILFRED FOX showed a case of *Lichen plano-pilaris*. The patient, a man, aged 24 years, was first seen two months ago, when he was suffering from typical Lichen planus, of six weeks' duration, scattered over the limbs and trunk. He was treated with intramuscular injections of atoxyl with the addition of novocaine. The solution contained 20 per cent. of atoxyl for the first two injections, but later a 10 per cent. solution was found more satisfactory. The dose given was 1 c.c. of the stronger solution and 2 c.c. of the weaker, or 20 cgrm. of atoxyl, twice a week. The papules disappeared rapidly under treatment, and although no local treatment was used the pruritus was entirely relieved after four injections. At the end of ten injections the lesions were in the condition now seen, namely, level with the surrounding skin, the pigmentation alone showing where the papule had been. The patient then showed some toxic signs, such as irritation of the conjunctiva and dyspepsia, and the injections were accordingly stopped. A fortnight after the cessation of the injections the hair-follicles over the extensor surfaces of the

forearms became inflamed, and showed typical Lichen spinulosus. There were no signs of arsenical hyperkeratosis.

Mr. T. J. P. Hartigan showed five cases of *Lupus erythematosus treated by a new method*. The cases brought before the meeting were of the circumscribed variety, sebaceous and telangiectic in type, and the method employed might fairly be described as new, inasmuch as there was no mention in literature of the treatment of the condition by ionisation. Bearing in mind the clinical history of the affection and the possibility of its disappearing spontaneously in an unaccountable manner, an isolated instance of improvement counted for very little. He submitted for the consideration of the Section details of five cases, four of them hospital patients who attended for inspection. In every case a 2 per cent. solution of zinc or copper sulphate was used, preferably the latter, and the result was more prompt and satisfactory than could be obtained by any other form of medication.

M. A. C—, female, aged 44 years. Fifteen months' duration, affecting the whole of the nose, and slowly spreading on to the adjacent parts. She was treated early in October last year, when the disease rapidly disappeared and has since remained barely recognisable.

A. S—, female, aged 27 years. Twelve years' duration, affecting the scalp and face. The patch on the face was treated three times with zinc and once with copper, each application lasting five minutes. Except for a few dilated vessels and atrophy there is nothing now to see.

H. R—, male, aged 27 years. Three years' duration affecting the nose, cheeks, and both ears. Where the disease was treated the efflorescence had disappeared.

A. C—, male, aged 35 years. Three years' duration, affecting the nose and both cheeks, also situated in front of the right ear. Situations treated were distinctly blanched.

Mrs. —, aged 47 years. Fourteen years' duration affecting the face. After one application with copper the lesions were only to be seen faintly, if at all.

The President said the cases were excellent and the results of the treatment very satisfactory.

Dr. Graham Little showed (1) a private patient, F. W—, aged 38

years, with Lupus erythematosus, who came under observation for the first time in June, 1906, and then had a very small patch of the disease on the left temple behind the left ear, and in the concha of ear. It had then persisted for twelve months. The diagnosis was by no means clear at that time; and he received no local treatment until he came again, in December of this year, with considerable extension of the disease. Beiersdorf's salicylic plaster was used, applied continuously, and appeared to benefit the already developed patches, but fresh places made their appearance slowly; in April, 1907, during an exceptionally hot Easter, he got badly sun-burnt, and a fresh acute and extensive invasion of the disease took place. These patches were treated at first with lactate of lead lotion until he was able to come to London, in July, when he was put in a home, and constant application was made of soap in the form of soft soap spread on lint cut to the shape of the lesions to be treated; concurrently with this he was given from 12 to 16 gr. of quinine three times daily, for about four to five weeks. The condition improved greatly, most of the patches healing with excellent, almost invisible, scarring. He kept up this treatment at intervals during the latter part of last year and the beginning of this year, and had now had a second period of soft-soap plasters in a nursing home for three weeks. Calmette's ophthalmo-tuberculin test had been tried with negative result.

(2) A case of "*ringed eruption*" ("Lichen annularis," "Granuloma annulare"?) on the buttocks of a female child, E. C—, aged 4 years. The eruption consisted of two patches, the one on the right buttock, in the shape of a perfect ring, made up of discrete firm white papules, enclosing an area of skin which appeared darker in colour than normal. The circumference of the ring was three quarters of an inch by half an inch. The other lesion was in the form of a deep-seated nodule in the left buttock, in the fold of the buttock and thigh. This had been excised early in its history, and sections were demonstrated from it at the meeting. Both lesions were quite painless and accompanied by no subjective symptoms; the earliest had persisted for about three months. No other lesions had appeared than these two; and the child was exceptionally plump, rosy and well. The brother of the patient was in the Children's Hospital at the present time, suffering from tuberculous knee; one paternal uncle had died of phthisis at the age of thirty-four.

The patient had been under the care of Dr. Fiddes, of Forest Gate, to whom Dr. Little was indebted for seeing the case.

With regard to the case of the young girl shown at the last meeting as an instance of "Granuloma annulare," Dr. Little reported that the patient had since been admitted to St. Mary's Hospital, and was diagnosed by his colleague, Dr. Sidney Phillips, to be suffering from early pulmonary phthisis. Her opsonic index to tubercle, taken on several occasions, varied between 0·97 and 1·45, and she had shown a very marked Calmette reaction. But the presence of pulmonary tuberculosis would, perhaps, be sufficient explanation of these findings without assuming that the skin-lesions were tuberculous; and the histology of the sections in no way bore out the contention that these were tuberculous. In favour of the diagnosis of Granuloma annulare—which had in several reported cases marked association with tuberculous histories—was the fact that the sections from this case could not be distinguished from sections of an undoubted case of Granuloma annulare, shown by Dr. Little in 1906 at the Dermatological Society of London (*Brit. Journ. of Derm.*, 1906, p. 117).

Dr. PRINGLE agreed that the case of E. C—was Lichen annularis, but thought it was different from the case which Dr. Little showed last time, and in which tuberculosis had been found.

The PRESIDENT agreed with Dr. Pringle that the case shown by Dr. Little last time was not of the same nature as the present one; the other seemed more like folliclis. The present one resembled Dr. Galloway's cases of Lichen annularis in children, and those of Granuloma annulare in the adult which he had himself described. But further investigation was necessary; there were some points in the arguments in both directions. He would keep his mind open longer as to whether they were identical with Lichen annularis.

Dr. GALLOWAY agreed that there was a difficulty in coming to a conclusion, but thought that those adult cases were different from the cases he had met with in children.

Dr. GRAHAM LITTLE, in reply, said he showed a case two years ago before the Dermatological Society of London, which was accepted by those who saw it as typical Granuloma annularis. There were numerous lesions, and he removed two and exhibited sections. The sections from the woman shown at the last meeting were so similar that they were regarded as the same as those shown at the earlier meeting.

(3) *A case for diagnosis.* The patient was a little girl, aged 10 months, and had been under the observation of the late Dr. John Garrett, of Acton, whose sudden death a few days ago was the cause

of the scanty notes in this case. Dr. Garrett had intended to bring the patient to the meeting. The history as obtained from the mother was that the child had had a raised yellowish-red patch on the dorsum of the right hand since birth. It was brown at first but had grown redder, without enlarging. Blisters appeared on this raised patch at intervals of four days to a month, usually appearing during the night. She had been seen in November, 1907, by the exhibitor, and had then six blisters on the pad-like eminence, the longest being half an inch across, and containing blood-stained fluid. They usually healed within a few days, and were always confined to the site of the raised patch, which was about one and a half inches in diameter. The blisters had been noted for the first time at about the age of seven weeks. The confinement had been easy; it had lasted for four hours and had been a head presentation, without requiring instruments.

The exhibitor had tentatively offered the diagnosis of Lymphangioma circumscriptum, which was confirmed by the general consensus of the meeting.

In reference to this case Dr. ADAMSON recalled a paper by Moncorvo in the *Annales de Dermatologie* (November, 1895, p. 965) entitled "Sur trois nouveaux cas d'élépantiasis congénital," in which the author suggests the possible streptococcic origin of these cases by infection through the mother, and advocates careful inquiry on the subject of accidents to the mother during pregnancy. It was well known that similar cases of acquired localised swellings or elephantiasis were due to streptococcic infection, and the speaker suggested withdrawing blood by a syringe or taking fluid from a blister for cultivation.

(4) A case of *leuconychia*. The patient, aged 17 years, was a young man apprenticed to a printer, and was in fair general health. A fuller report of this case will be published in a subsequent issue of the *British Journal of Dermatology*.

Sir MALCOLM MORRIS said he had seen four such cases altogether: one at Buda-Pesth, Unna's case at Hamburg, and two in London. The subjects of it seemed to have a tendency to Raynaud's disease.

Dr. J. M. H. MACLEOD showed (1) a case of *multiple leiomyoma of the skin* in a woman, aged 25 years. The patient had always enjoyed good health and appeared to be robust. Her skin-affection began five years ago near the angle of the left cheek, but she could think of no cause which might have been responsible for it. On exhibition she presented a group of about a dozen small discrete nodules each about the size of a split-pea on the left cheek, extending from about the middle of the cheek to the angle of the jaw. These lesions were

rounded and smooth on the surface, and were either oval or round in shape; they were of the same colour as the surrounding skin, but presented a slightly translucent appearance suggesting lymphangiomata. They were solid and almost cartilaginous in consistence, and on being pressed with a diascope became white. Two other lesions, each about the size of a split-pea and pink in colour, were present on the right forearm, and a group of three lesions, of the same size and violaceous in tint, was situated on the right leg below the knee. The lesions on the face were accompanied by no subjective symptoms and were not painful on pressure; those on the legs, however, occasionally irritated when she was warm. The only other abnormality which was detected in her skin was the presence of two small pigmented nævi on the nose. There was no history of a similar affection in any other member of her family.

One of the lesions was excised from the leg and proved, on microscopical examination, to be a leiomyoma. A section was demonstrated at the meeting. The tumour-mass consisted entirely of long, smooth muscle-cells with the typical strap-shaped nuclei. It was well-defined and separated from the epidermis by a thin layer of connective tissue. There was no definite connective-tissue capsule to the tumour, and the elastic fibres spread into it for a short distance. Several sections showed that it took its origin from the arrector pili muscles.

The PRESIDENT said he had seen a case very much like it, which was under the care of Dr. Leslie Roberts, of Liverpool. He did not think it could be exactly diagnosed without the microscope.

(2) A case of *Lichen spinulosus associated with seborrhoic dermatitis.* The patient was a healthy little boy, aged 5 years. The eruption consisted of various-sized groups of spiny papules situated chiefly about the shoulders, neck, back, and extensor aspects of the arm and thighs. The spines were most noticeable in the lesions about the shoulders and neck, where the lesions were diffusely distributed rather than in definite patches. The lesions about the neck were not inflamed, but those in patches about the back and thighs were pinkish in tint. The eruption was associated with itching, which was most marked when the patient was warm and in bed. In addition to the spiny papules there was a raised well-defined plaque, about the size of a florin, on the back of the left thigh. It was yellowish in the centre and became

pinkish at the periphery. The surface was slightly scaly. This patch was considered to be a patch of seborrhoic dermatitis. There was no evidence or history of tuberculosis in the patient or his family to suggest the possibility of the eruption being that of Lichen scrofulosorum with spiny lesions. The case was exhibited to demonstrate the occasional association of Lichen spinulosus with seborrhoic dermatitis.

The PRESIDENT and Dr. PRINGLE suggested the possibility of the case being one of Lichen scrofulosorum with spiny lesions. Dr. Adamson agreed with the exhibitor that it was Lichen spinulosus, and not connected with tuberculosis.

Dr. J. M. H. MACLEOD and Mr. A. N. LEATHEM showed a case of *glossitis* in a girl, aged 3½ years. The eruption consisted of a number of small, ringed, greyish-white lesions situated on the upper surface of the tongue. The lesions began as small, slightly indurated papules covered with grey sodden epithelium. These spread peripherally till they reached the size of a threepenny-piece, while the centre became a superficial ulcer. In several instances two or more lesions had coalesced to form gyrate figures. The lesions first appeared a year ago and had developed gradually since then, none having disappeared spontaneously. The tongue was not definitely thickened, but the borders of the lesions were slightly indurated. The case was brought forward on account of the difficulty in its diagnosis. It was transferred to the Skin-Department at Charing Cross Hospital for a diagnosis by Mr. Daniel, to whom the exhibitors were indebted for the opportunity of showing the case. The fact that the lesions had persisted showed that it did not belong to the type of "wandering rash" of the tongue, and the existence of induration and superficial ulceration suggested a syphilitic origin. There were no stigmata of congenital syphilis present in the patient, and no definite history of syphilis in the mother was obtained. The patient was the sixth child; there was a miscarriage in the fifth pregnancy; the fourth child died when a few months old "with fits," and the first three children were healthy. Mr. Leathem made an examination of scrapings from the surface of one of the ulcers and found various spirochætes, several being indistinguishable from the *Spirochæte pallida*. So far no internal treatment had been prescribed, but it was intended to put the child on anti-syphilitic treatment, and it was hoped in this way that the diagnosis would be established.

Sir Malcolm Morris showed *a case for diagnosis* (for Dr. Kay). He said the patient was a man, aged 23 years, a mathematical scholar, whose home was Mauritius. He was well until February, 1906, when he had an attack of bronchitis and was attended by a medical man. For some time after the appearance of the skin-affection now seen he took Clark's blood-mixture, sarsaparilla, and other things. A medical man diagnosed the condition as Molluscum fibrosum, and he was given more iodide. There were some lesions on the arms and legs, but none on the trunk. The eruption was much aggravated by the iodide. He asked for opinions before giving the remainder of the facts of the history.

His own view was that it was leprosy, but there was some difficulty about the eruption. Dr. Wilfred Fox would test it shortly. He believed a good part of the eruption had been produced by iodide of potassium, and since that and local treatment had been stopped the condition was much better. Some of the lesions had been vesicular and pustular, and had been watched by Dr. Kay. A careful examination would be made, and the result reported to the Section later on. He had had a case of leprosy under his care at St. Mary's Hospital at the time of the tuberculin boom, and injected some, with the result that there was a distinct rise of temperature and the patient was very ill, and lesions came out all over his body. The case was of the nerve variety. After the bullæ subsided there were tumour-like formations in various parts.

The President said it was not unusual to find lepra lesions aggravated by giving iodide of potassium in large doses. Possibly some of the lesions present might be of a transitory character.

Dr. J. Galloway agreed with the remarks of Sir Malcolm Morris. Many of the lesions struck him as due to the iodine which had been taken. The aspect of the patient was suggestive of lepra, and there was some thickening of the ulnar nerves—an exceedingly strong point in the diagnosis.

Dr. H. Radcliffe-Crocker and Mr. George Pernet showed (1) a case of *Elephantiasis græcorum*. The patient, a woman, aged 23 years, had already been brought before the Dermatological Society of London. She had been under observation since June, 1907, when the disease was said to have begun three years previously after an attack of enteric fever, pimples and blackheads, according to the patient, making their appearance about the face, and red patches about

the body. The following notes were made at the time she was first seen: The face was of an uniform dusky brown tint, with marked thickening of the cheeks, chin, nostrils, and eyebrows. The eyebrows had fallen out but the eyelids were unaffected. The ears were thickened and had a solid look as a whole, but the lobes were not much more involved than the other parts.

The skin of the trunk and upper limbs presented large areas of dusky yellowish discolouration, but with areas of quite healthy skin in between.

The hands were somewhat bluish in tint, their dorsal surfaces being swollen and puffy, the solid œdema requiring a good deal of pressure before pitting occurred. The fingers were also swollen and chilblainy-looking.

The legs were rough to the touch, thickened, presented a dusky yellowish discolouration also, but not so obvious as on the upper limbs. The dorsal surfaces of the feet were swollen and œdematous like the hands, with a dry reddish-brown condition of the skin reaching halfway up the fronts of the tibiæ.

There was no thickening of the nerves. The skin, both of and away from discoloured areas, was hyperæsthetic.

The treatment had been at first Chaulmoogra oil by the mouth in increasing doses, which the patient had borne well. In August, 1907, intra-muscular injections of sozoiodolate of mercury gr. $\frac{1}{4}$ were also employed concurrently with the Chaulmoogra. Improvement occurred especially as regards the general condition, the patient becoming more cheerful and better in health. But in December, 1907, she had a febrile attack, influenza-like—(influenza epidemic at the time)—but, of course, febrile attacks are well known to occur in the course of the complaint, and it may have been of that nature. An effervescing quinine mixture was ordered and the other treatment interrupted. When she had recovered from this febrile attack it was found that the Chaulmoogra oil upset her, even in small doses. The intra-muscular injections were resumed.

More recently the patient had another febrile attack, which gave way to quinine.

It was then decided to give her intra-muscular injections of Chaulmoogra (in accordance with Tourtoulis Bey's experience, and also Jeanselme's), but Captain Rost, I.M.S., of Rangoon, having very

kindly offered to supply leprolin, the patient was then under the latter in intra-muscular injections. Up to now she had had two injections. The further progress of the case would be reported to the Section.

(2) A case of *Elephantiasis græcorum*. The patient was a man, aged 44 years, in whom the disease had commenced six years previously on the right parietal region, and had slowly extended from the scalp on to the temple and forehead almost as far as the supra-orbital notch. The older lesions had undergone involution, leaving loss of hair in patches, and finger-tip depressions with nodular infiltration of the borders over the parietal region. The present active lesions had been present some three or four months, and were situated on the right temple and supra-orbital region. They formed dull red nodules in the skin, about one third of an inch in diameter, firm to the touch, and aggregated together in irregular groups. On the supra-orbital region the nodules have coalesced into an infiltration of a square inch with a few isolated nodules above them, where a chain of nodules was also present. There was another chain of nodules extending into an irregular segment of a ring, reaching as far as the outer angle of the orbit. There were no lesions in any other part of the body except the right groin, in which situation there was an irregular ring of nodules, about $1\frac{1}{2}$ in. in diameter and of same general character, but less marked in size, colour, and induration. In both situations the patient spoke very positively as to the sensation to a prick being distinctly diminished. There was no enlargement of nerves. The patient had been in the West Indies, Bermuda, Halifax (N.S.), and South Africa. He left the West Indies in 1891, and was in South Africa from that date. Neither Mr. Pernet nor Dr. Thiele, Pathologist to University Hospital, had found the bacilli of Hansen in serum from a forehead nodule, but a further search would be made, and, if possible, a biopsy obtained.

The patient had only just come under observation, and as the case was unusual he had been shown to the Section. The facts pointed to the condition being probably one of Elephantiasis græcorum, but it was proposed to put the patient on anti-syphilitic treatment and to watch its effects.

Although the bacillus of Hansen had not been found at the first examination such a negative result was not conclusively against Elephantiasis græcorum. The serum would again be examined, and

if possible sections of a nodule cut and stained. In Dr. J. Ashburton Thompson's Report for New South Wales (year 1906) the bacillus had not been found in some cases in which one would have expected to find it. The scalp was but very rarely involved in leprosy, but Mr. Pernet had recorded two nodular cases (advanced cases, be it noted) in which this complication had occurred.*

If the case exhibited this afternoon turned out to be undoubtedly Elephantiasis græcorum, the fact that the disease commenced in the scalp would, therefore, be very exceptional.

Many members regarded this case as an example of syphilis.

Dr. WHITFIELD asked whether the bacilli of leprosy were found in the doubtful case. If not, he thought that would negative that diagnosis, as they were found so easily, even at an early stage, if that were the disease.

The PRESIDENT said that further investigations on the point would be made. In the case of the lady, Dr. Rost's "Leprolin" had been tried, and he asked Dr. Rost to refer to it.

Dr. ROST said that four years ago he started to treat cases of leprosy by a substance which, in its reaction, was like tuberculin. He excised the under part of nodules of leprosy, and soaked them in a medium of volatile alkaloids. A six weeks' incubation followed, and then the material was reduced with sulphuric acid and other substances. On injecting this into the patient the nodules swelled up, and as a rule sensation returned afterwards. About forty cases had been treated in Rangoon, and now there were no signs of the original disease. The injections were usually given at intervals of a week. The present case had had two injections.

Dr. PRINGLE thought that anyone seeing the ears of the lady and Dr. Kay's patient would agree that they were suffering from the same disease, though Sir Malcolm Morris's argument in favour of there being a complication in the case of the man from Mauritius was very sound.

Mr. PERNET said there were fibrous changes taking place in leprosy, and it was sometimes necessary to make several examinations before being sure there were no bacilli. He felt no doubt about the case of the man being one of leprosy, seeing the condition of the eyebrows, the ear, and the ulnar nerves. Iodide of potassium, even in very small quantities, was very poisonous to leprosy patients, and he had seen purpuric rashes develop in consequence.

(3) *Senile warts developing into fungating growths.* The patient was a man, aged 73 years, in whom the disease had been going on for three years. When first seen on January 31st, 1908, there were several fungating crusted growths about the face, one of which occupied the greater part of the nose. Scattered about here and there were also a number of dirty warty growths in various stages of

* Pernet, *Brit. Med. Journ.*, vol. ii, 1905, p. 1280.

development, some small ones of recent origin. On removing the crusts, reddened, raised, fungating, softish oozing masses were found, without induration of any kind at the borders. Some of the smaller ones were framboesiform in appearance.

Dr. Radcliffe-Crocker showed a coloured drawing of the man's condition at the time of his admission to hospital. Mr. Pernet had thoroughly curetted all the growths, and then applied pure phenol, under an anæsthetic, and, as could be seen, the patient was doing very well.

Mr. Cowell, house-physician at University Hospital, had cut some sections of *débris*, and these were exhibited at the meeting. Since then, at Mr. Pernet's suggestion, Mr. Cowell had stained some more sections by the Pappenheim-Unna method. Mr. Pernet had examined some of these sections and had found they confirmed his view as to the granulomatous nature of the growths, the sections showing numberless plasma-cells, in parts very crowded together, and building up the greater part of the growth. The sections also showed that the papillæ and epidermal downgrowths were elongated, the sebaceous glands compressed, and their main normal characters greatly altered, with some increase in growth of their skeletal network, and the vessels dilated. Cellular exudation was also present. There was no evidence in support of an endotheliomatous structure as suggested originally by Mr. Cowell, to whom the exhibitors were indebted for the opportunity of examining sections. Mr. Pernet considered that the histological appearances resembled those of advanced fungating yaws lesions, and supported the view that such yaws lesions were really the result of secondary infection.* Thus a framboesiform appearance might arise in various morbid conditions such as the present one, yaws and syphilis for instance.

Dr. Sequeira showed a negro with a large granulomatous tumour at the left angle of the mouth, and a penile ulcer with infiltrative swellings in the right groin. The patient, a seafaring man, was born in Antigua twenty-six years ago, and he had spent most of his time in Jamaica and other West Indian Islands. He was sent to Dr. Sequeira from the West Ham Infirmary by Dr. Culpin. The history

* Pernet, *Differential Diagnosis of Syphilitic and Non-syphilitic Affections of the Skin*, 1904, p. 152.

given was that the tumour at the angle of the mouth had developed in eight months, and that the swelling in the groin was of the same duration, but that the penile ulcer had only been present four weeks.

The tumour at the angle of the mouth at first sight suggested an epithelioma; it extended from the upper to the lower lip around the buccal orifice. In its extreme width it measured $1\frac{1}{4}$ in. and formed a horse-shoe-shaped swelling around the left side of the mouth. It was of a florid red colour, making a startling contrast against the black skin of the patient. The tumour was soft to the touch and vascular. There was very little glandular enlargement.

The ulcer on the penis was on the skin of the dorsum. It was rather triangular in shape, and presented little infiltration. There were other scars of (probably) similar ulcers on the penis. In the right groin there was a peculiar linear infiltration following Poupart's ligament. In parts this infiltration had broken down to ulceration, but in its greater extent it was of a peculiar tough sclerotic character.

Dr. Daniels, who kindly saw the case for the exhibitor, agreed that the penile and groin condition was a well-recognised venereal, but not syphilitic, "ulcerative, or rather sclerosing, granuloma of the pudenda," seen in the West Indies. In his experience, and so far as could be gathered from an examination of the literature, the tumour on the mouth was unique. It was mentioned that similar conditions had been seen about the anus. Microscopical examination showed the tumour to be a granuloma; examination for spirochætæ had been negative.

Dr. Galloway said he did not remember seeing or reading about a case of Granuloma inguinale affecting the region about the mouth. Some cases had been recorded in which it appeared in the axilla and in other places as well. Colonel Maitland, I.M.S., reported several cases of the disease.

The President said that if the patient had not been a native of the West Indies, as the lesion was quite soft, one would probably have diagnosed epithelioma.

Dr. J. M. H. MacLeod said that in the case of Granuloma pudendi which he had exhibited at the Dermatological Society of London (*British Journal of Dermatology*, 1907, vol. xix, p. 73) a number of exposures to X-rays had been given, using one third of a Sabouraud pastille dose once a week for about two months. As a result the diseased tissue dried up and shrivelled, and the affected area diminished. It was then scraped at the Military Hospital at Rochester Row, and Col. Lambkin, R.A.M.C., reported that the diseased tissue, instead of being tough as is usually the case, had become friable and was easily

removed. The patient was seen by Dr. MacLeod after the wound had healed, and the result was excellent; the whole of the diseased tissue appeared to have been removed and a healthy scar left. In this case the disease did not spread up into the rectum, which it frequently does, and hence the opportunity for complete extirpation was a good one.

Dr. F. Parkes-Weber showed a case of *hæmangiectatic hypertrophy of the foot, possibly of spinal origin*. The patient was a motor driver, aged 19 years, whose left foot was decidedly larger than his right foot and of a red or bluish-red colour, as if turgid with blood. The skin over part of the foot, especially over the dorsum, was closely studded with small projecting bluish venous loops (varices), and so also, though to a lesser degree, was the skin over the knee-cap of the same extremity. The calf-muscles and other muscles of the leg were about equally developed on the two sides, but there was considerable wasting of the left thigh and buttock, and ankylosis of the left hip-joint. The two lower extremities were about equal in length. The knee-jerks and plantar reflexes were natural and there was no ankle-clonus on either side. The pulsation in the dorsalis pedis artery was well felt in both feet. There was no anæsthesia to touch, pain, heat or cold, and the reactions of the muscles to galvanism were normal. There was considerable kyphosis in the dorsal region of the spinal column. There was no evidence of any disease in the thoracic or abdominal viscera, or elsewhere in the body. Dr. Archibald D. Reid had taken Röntgen photographs of the feet and hip-joints. They showed that the hypertrophy of the left foot was practically confined to the soft parts and that there was bony ankylosis of the left hip-joint (of doubtful origin). The history was that about two years ago the patient complained of pain in the back of the left thigh. He was at first treated for sciatica, and was afterwards supposed to have hip-disease and wore a Thomas's splint for eighteen months. The hæmangiectatic hypertrophy of the left foot and the wasting of the thigh muscles, etc., had developed during the last two years, but the kyphosis of the dorsal region had existed to some extent previously, though it seemed to have increased during the last two years. He had experienced no pain in connection with the changes in the lower extremity excepting the pain at the back of the thigh about two years ago. Dr. Weber thought that the condition of the foot was of vaso-motor origin (vaso-constrictor paralysis?),

possibly connected with some organic change in the spinal cord. Under the term "hæmangiectatic hypertrophy" Dr. Weber wished also to include certain cases of congenital or developmental enlargement of one lower extremity in children, which he had described in the *British Journal of Dermatology* for July, 1907, in an article on "Angioma-formation in Connection with Hypertrophy of Limbs." Hæmangiectatic hypertrophy was to be distinguished from other enlargements of the lower extremities, such as congenital and acquired "trophœdema," so-called "elephantiasis" (due to chronic or recurrent lymphangitis and lymphatic obstruction), and typical "giant-foot."

Dr. WHITFIELD showed (1) a case of *macular atrophy of the scalp (pseudo-pelade of Brocq)* in a young man, aged 26 years. The disease had begun somewhat acutely about four months previous to exhibition and affected most of the top of the head, more especially on the left side. Sections were shown to demonstrate the anatomical condition present, and it was hoped to publish the case in detail later on.

The PRESIDENT said he had not seen many such cases, but he thought the clinical diagnosis was clear. Bunch, he believed, had found some kind of coccus associated with it, not the pus coccus. He (Dr. Crocker) regarded it as an infective follicular disease from the clinical standpoint. The cases were very consistent in their characters—the easy way in which the hairs could be pulled out and the swollen root sheath. But he agreed that clinical evidence of inflammation around was often absent; he had seen a very trifling evidence of it in a few cases.

Sir MALCOLM MORRIS said he showed a case which was thought to be of the same nature, and everybody present agreed. But some months afterwards, after careful investigation, favus was discovered. The outer angle of the eyebrows was affected in all cases.

Dr. PRINGLE said he thought that a case he had some months ago was an example of the condition, but he noticed some suspicious scurf about the margin. He accepted Dr. Whitfield's diagnosis in the present case, as he had a very marked instance of it which he showed before the Dermatological Society of London. He sent it over to Paris, and Brocq confirmed it. The growths were sterile; there was nothing abnormal found.

Dr. WHITFIELD, in reply, said the patient's doctor had given him chrysarobin, and apparently the condition stopped. But it sometimes did so automatically. The question of favus in the case had been investigated. In some cases it gradually spread over the head in patches, in which the hair was not denuded but only thinned. Sabouraud had found all such cases sterile.

(2) A new substance for shielding those parts of the scalp which

it is not wished to expose in the treatment of ringworm by means of the X-rays. The idea of the substance was derived from the modelling clay known as Harbutt's "Plasticine," which itself was only partially obstructive to the rays. It had been proposed by Dr. Whitfield to have made a similar substance, but made with lead oxide instead of clay. On consulting Professor Jackson, of King's College, Dr. Whitfield was advised to try barium sulphate as being entirely non-toxic if any should get on the hands.

Accordingly Messrs. Hopkins and Williams had made the substance exhibited, and although it was thought that further improvements might be made, Dr. Whitfield thought that even the substance exhibited was a distinct advance on the ordinary lead shield. The material was made by incorporating by means of machinery coarse barium sulphate with vaseline so as to form a kind of putty. It was grey in colour and quite plastic, so that one could mould it on to the scalp with the greatest ease, and it therefore did away with most of the trouble in fitting masks. If bent too sharply the material would crack, but none of the curves of the scalp were acute enough to give any trouble in this direction. It was rather sticky to roll out, but Dr. Whitfield had found that by placing it between two pieces of grease-proof paper it could be rolled out with ease. A thickness of a quarter of an inch was so opaque that one could not detect the blade of a knife behind it with the fluorescent screen. The material was also exceedingly cheap, so that if there was any difficulty in sterilising it new material could be used each time. If, owing to high room-temperature, there was the slightest stickiness, it could be dusted over with boric acid, which was transparent and would not obstruct the rays when the turn came for the part previously screened to be exposed, or the material could be laid on a single layer of ordinary gauze which could be stretched over the head. Mr. Edmund White, who had kindly undertaken the experimental manufacture of the substance at Messrs. Hopkins and Williams', was still at work trying to improve the consistency, but at present it worked very satisfactorily.

Dr. A. Winkelried Williams showed a case of *rodent ulcer of the ala nasi* in a man, aged 36 years. The point of interest in this case was the absence of any distinct border. The ulcer had a clean

punched-out appearance, making the diagnosis rather difficult. The history, however, showed that it began as a hard lump which ulcerated and has existed for eighteen months. There was a history of syphilis six years ago, but anti-syphilitic treatment had been tried for the ulcer without avail. The case was to be treated by X-rays.

The PRESIDENT agreed with the exhibitor that it was probably rodent ulcer.

EDITORIAL.

THE present issue of the *British Journal of Dermatology* is the first number to be published since the re-constitution of the journal took place. This re-constitution was the direct result of the incorporation of the Dermatological Societies of London and Great Britian and Ireland to form the Dermatological Section of the Royal Society of Medicine. Previous to the amalgamation the official transactions of these societies were published by the journal, and grants were made by the societies for this purpose. As this important source of income is no longer available, it has been considered advisable to re-constitute the journal so as to meet the altered conditions.

Since 1888 the journal has been a private one, under the management of a committee, which was financially responsible for it. It has been felt for some time that it would be an advantage to the journal and to British dermatology were the basis of the journal widened. The present time is an opportunity for re-constituting the journal in such a way as to give an opportunity to everyone interested in the progress of dermatology, in Great Britain and the Colonies, of becoming connected with it officially.

It has been decided that the form and general arrangement of the journal shall be preserved and that in addition to the original articles, the *précis* of foreign literature, etc., a report of the Dermatological Section of the Royal Society of Medicine shall be published.

In future the journal will be owned by the guarantors, who guarantee sums varying from £1 1*s*. to £3 3*s*. in addition to their subscription. All subscribers to the journal are eligible to become guarantors. The following is a preliminary list of guarantors:

H. G. Adamson, F. Barendt, Wallace Beatty, Robert Bolam, H. G. Brooke, J. I. Bunch, C. W. Dawson, S. E. Dore, Willmott Evans, T. Colcott Fox,

Wilfred Fox, James Galloway, Arthur Hall, T. J. P. Hartigan, Allan Jamieson, G. H. Lancashire, J. Liddell, E. Graham Little, J. M. H. MacLeod, Sir Malcolm Morris, George Pernet, Sir Cooper Perry, J. J. Pringle, H. Radcliffe-Crocker, Leslie Roberts, J. H. Sequeira, A. Shillitoe, E. Stainer, J. H. Stowers, C. Thompson.

The journal will be managed by an editor and committee appointed by the guarantors.

A meeting of the guarantors was held on Thursday, February 6th, 1908, which was largely attended. Sir Malcolm Morris was called to the chair. Dr. J. M. H. MacLeod was unanimously appointed Editor and the following representative Editorial Committee of 15 members was elected :

H. G. Adamson,
Wallace Beatty (Dublin),
J. L. Bunch,
T. Colcott Fox,
Wilfred Fox,
James Galloway,
W. Allan Jamieson (Edinburgh),
E. Graham Little,
Sir Malcolm Morris (Chairman)
George Pernet,
J. J. Pringle,
H. Radcliffe-Crocker,
Leslie Roberts (Liverpool),
J. H. Stowers, and
The Editor.

It was decided that the editor should be appointed annually at the meeting of guarantors, and should be eligible for re-election; that three of the Metropolitan members of the committee should retire annually by ballot and should be eligible for re-election after the interval of a year; and that one provincial member should retire annually by ballot, and should be eligible for re-election.

The Editor will be glad if intending subscribers will notify the fact to the publishers, and will be pleased to receive the names of any subscribers who are willing to become guarantors. The guarantors will only be called upon in the event of a deficit, and for a sum in proportion to their guarantee. Each guarantor will be entitled to two copies of the journal for his yearly subscription of £1 1*s*., and three copies for £1 5*s*.

OBITUARY.

SIR THOMAS McCALL ANDERSON,

Regius Professor of Medicine in the University of Glasgow;
Honorary Physician to the King in Scotland.

The obituary notices which have made their appearance in the daily and weekly press render it unnecessary for us to notify our readers of the death of Sir Thomas McCall Anderson. We cannot, however, omit the opportunity of recording in this issue of the journal not only the loss that his colleagues on the Staff of this journal feel, but the special loss sustained by all those interested in the study of cutaneous medicine in this country.

Sir Thomas died suddenly on the evening of January 25th from an attack of cardiac failure on leaving the Annual Meeting of the Glasgow Ayrshire Society, at which he had made the final speech of the evening. So serious a defect in his health as to render his sudden death possible was not suspected by his friends in London. Till recently those of us who have had the opportunity of coming in contact with him have appreciated, with much satisfaction, his keen and continued interest in all medical matters. It appears, however, that during the last year those more closely associated with him in his work in Glasgow have noted his failing health, and succeeded, during last summer, in obtaining for him a period of rest from his arduous professional duties.

McCall Anderson came of a west Scottish stock noted for the great interest taken by its members in educational and university matters in Glasgow. The seventy-two years of McCall Anderson's life may be considered to have been devoted entirely to the medical profession, and to his University. Soon after graduating as M.D. in 1858, he commenced practice in Glasgow, and was appointed to the Chair of Medicine at the Andersonian Medical College, shortly afterwards becoming one of the Physicians to the Royal Infirmary. While retaining a firm hold on general medical studies the opportunity came to him of developing specially his knowledge of diseases of the skin, and in 1861, along with others, he was instrumental in founding the Glasgow Hospital for Diseases of the Skin, in connection with which most of his dermatological work was done.

Glasgow graduates of the present generation owe much to McCall Anderson's industry and powers as a clinical teacher. His method of clinical instruction was of the type more closely associated with the older Scottish plan than that now in vogue in the medical schools of London. He had no high appreciation of the bedside teaching of large numbers of students. He preferred to study his cases at the bedside, and to give the results of his study and observations to the large classes which came to hear him in the Clinical Theatres. He was an assiduous lecturer, and took the greatest pains to illustrate his lectures, and to make them of interest to his audiences.

His special work in dermatology is known to all those interested in the subject. In his own words, he gave "the experience of one who is not exclusively engaged in the study of cutaneous affections, but who is also an hospital physician and teacher of medicine." It is this particular point of view which gives his well known *Treatise on Diseases of the Skin*, published in 1887, the peculiar value which it still retains. Two of the more recent papers giving the results of his work are very characteristic. They are his paper on "Hydroa Æstivale and its association with Hæmatoporphyrinuria," published in this journal in 1898, and his Address to the Dermatological Society of Great Britain and Ireland on "A Plea for the more general use of Tuberculin by the Profession" in 1905. They illustrated his wide clinical experience, and the special importance he invariably gave to therapeutics.

Both in his clinical teaching and in his public work the important position occupied by Sir Thomas McCall Anderson in relation to British Dermatology will be difficult to fill.

JAMES GALLOWAY.

CURRENT LITERATURE.

ARGENTOID COLOURING OF THE HAIR. W. IPSEN. (*Münch. med. Wochenschr.*, June 11th, 1907, p. 1184.)

THE patient, a young man, aged 23 years, presented a peculiar colouration of the hair of the upper lip, eyebrows, axillæ, and pubes, the ground-colour of the hair being a dull grey-brown, over which a light silver-grey coating of dust or ashes appeared to have been applied. The colour of the patient's skin was brownish, and the hair of his father and two brothers was dark brown, that of

his mother and one sister of an argentoid appearance similar to his own. The colour of his hair had been the same since birth.

Inasmuch as the colour of hair may depend upon various factors, these may be enumerated as follows: (1) The presence or absence of air; (2) the pigment dissolved in the hair-cells; (3) the amount of pigment granules present; (4) according to Brum the medulla plays an important part in hairs which have become white, causing them to appear quite white.

Microscopic examination of the patient's hair showed that it contained no air-bubbles, and this was, therefore, not the cause of the argentoid colouration. The arrangement of the pigment was, however, peculiar. In the lower portion of the hair, nearest the hair-root, pigment was present dissolved in the hair-cells, and, further, pigment granules were present in fine lines and in small masses of a brownish-yellow colour, as well as in smaller and larger clumps and flakes, unequally distributed and in places of a black colour. Nearer the point of the hair the diffuse pigmentation decreased and the medullary substance became more evident and had a furrowed or cleft appearance. The arrangement of pigment granules in lines and clumps was much as in the proximal portion of the hair. In the distal part of the hair the dissolved pigment finally disappeared, flakes of pigment of various sizes only being found unequally distributed and separated by streaks of pigment-free tissue. The medulla was still present and lent the whitish colour to the almost pigment-free tip of the hair, and the argentoid appearance to the whole hair. J. L. B.

RE-VACCINATION PHENOMENA AFTER ATTACKS OF FEVER.

NÄCKE. (*Münch. med. Wochenschr.*, No. 12, 1907, p. 573.)

THE writer's son, aged 18 months, was successfully vaccinated on September 13th, 1906, two points of inoculation developing to well-marked pustules and one smaller pustule also appeared. The lymph came from the Kgl. Lymph-institute in Dresden. The reaction was well marked and the temperature raised. First on the upper arm and then on the whole body an eruption of a nature resembling measles followed, but disappeared in two to three days. The suppuration of the pustules lasted about four weeks, until pink scars had formed and the edges resumed a normal appearance. Between November 12th and 17th the child developed an angina of the tonsils and fauces with two days' fever and loss of appetite. As the fever disappeared the edges of the pink scars swelled up and became opaque, giving entirely the appearance of a vaccination pustule. This disappeared in eight to nine days, with slight scaliness of the skin. On December 28th the child again developed an angina, and on cessation of the fever on the 31st the same swelling and opacity of the edges of the vaccination scars showed themselves and again disappeared with some scaliness after a week. It is worthy of note that when the child's temperature was raised on another occasion (probably due to enteritis) with sickness, weakness, and loss of appetite, no swelling or other alteration of the vaccination scars followed, and it seemed doubtful whether the angina attacks caused a recrudescence of virulence of the vaccine active agent, or whether the organism which brought about the angina could also be responsible for the re-development of pustulation in the vaccination scars. J. L. B.

EXANTHEM CAUSED BY EUCALYPTUS OIL, WHICH AFTERWARDS BECAME RECURRENT. Vörner. (*Derm. Zeitschr.*, November, 1907, p. 678.)

This case was interesting in that the rash became recurrent, and such an occurrence has, up to the present, only been described in the case of antipyrin. In this case of Vörner's the rash, which was originally produced by eucalyptus oil, could later on be induced by certain kinds of food. Similar results have been shown to follow in the case of antipyrin exanthemata. A peculiar feature of the case was that symptoms referable to the hypoglossal nerve made their appearance. Thus, sensations of taste occurred without the introduction into the mouth of the substance which was the cause of the first exanthem. As in the case of antipyrin rashes, so in the case of the eucalyptus-oil exanthemata the eruption appeared in the same situations as in preceding attacks. J. L. B.

TREATMENT OF SCLERODERMIA WITH MESENTERIC GLANDS. G. Schwerdt. (*Münch. med. Wochenschr.*, No. 25, 1907.)

The report deals with seven cases, in which the mesenteric glands of the sheep in the form of tabloids (0·3 grammes once or twice a day) were given with favourable results to the skin-affection. In the case, however, of a new method of treatment applied to a disease which is usually considered incurable, it would be more satisfactory if the diagnosis were first rather more firmly established. The author has in any case been unusually fortunate while practising in a small town to have seen and treated seven cases of such a rare affection of the skin in the space of two years.

J. L. B.

PIGMENTATION OF THE NAILS IN SECONDARY SYPHILIS. Hans Vörner. (*Münch. med. Wochenschr.*, December 10th, 1907, p. 2483.)

As a corollary to two similar cases reported by Vörner in the same journal six months ago, he describes the case of a man, aged 21 years, who contracted syphilis in March, 1907. In May two ulcers appeared on the edge of the prepuce, which had the characters of chancres and smears from which showed the *Spirochæte pallida* when stained by Giemsa's method. In June secondary symptoms presented themselves, and about the same time dark to blackish patches were noticed on the lunules of the finger-nails, and these increased during the succeeding weeks. The pigmentation was not equally well marked on all the nails; on the left hand it was only the nail of the fifth finger which showed dark pigmentation, and this was entirely dark black except at the outer side, which was somewhat lighter. The nails on other fingers of both hands showed varying degrees of pigmentation. When the colouring had reached this stage white precipitate ointment was rubbed in, and the affection was cured in about twelve weeks. As far as scraping away the nail substance showed the colouring matter was not merely superficially placed, but reached right to the ground substance of the nail.

In the other two cases the change appeared also about the fourth month of the disease and was associated with a Paronychia luetica, whereas in the case above reported no such affection was apparently present. In this latter case, therefore, it might have been a true pigmentary syphilide of the nails.

J. L. B.

QUARTERLY SURVEY OF DERMATOLOGICAL LITERATURE.

ERYTHEMAS AND INFLAMMATIONS, ETC.

Acne-folliculitis and Furuncle, On the Pus of. NEUBERGER. (*Archiv f. Derm. u. Syph.*, December, 1907, p. 163.)

Dermatitis Herpetiformis ("Dermatite Polymorphe") and Pemphigus Vegetans. CONSTANTIN. (*Ann. de Derm. et de Syph.*, November, 1907, p. 641.)

Dermatitis Herpetiformis, The Localisation of. BOECK. (*Monats. f. prakt. Derm.*, September 15th, 1907, p. 277.)

"Diphtheria of the Skin," A Case of (letter communication). J. BIERNACKI. (*Lancet*, January 25th, 1908, p. 261.)

"Diphtheria of the Skin" of Three Years' Duration treated by Antitoxin (illustrated). A. B. SLATER. (*Lancet*, January 4th, 1908, p. 15.)

Diphtheritic Dermatitis due to the true Diphtheria Bacillus, to the knowledge of. A. SCHUCHT. (*Archiv f. Derm. u. Syph.; Neisser's Festschrift*, May, 1907, vol. ii, p. 105.)

Ecthyma from which the Diphtheria Bacillus has been Isolated, A Case of Severe. (Illustrated.) A. EDDOWES and J. G. HARE. (*Lancet*, February 1st, 1908, p. 282.)

Eczema, Infantile, A further Note on the Ætiology of. A. J. HALL. (*Brit. Journ. Derm.*, January, 1908, p. 4.)

Eczema of the Lips caused by Dentifrices containing Salol. W. DUBREUILH. (*Journ. de Méd. de Bordeaux*, December 20th, 1907, p. 829.)

Erythema, A Case of Diarrhœa, Erythema, and Asthma apparently due to Nasal Disease. J. W. STENHOUSE. (*Lancet*, December 28th, 1907.)

Erythema Exudativum Multiforme, with Report of a Case of Erythema Circinatum Bullosum et Hæmorrhagicum following Gunshot Wound, apparently due to Streptococcus Infection and terminating fatally. W. T. CORLETT. (*Journ. of Cut. Dis.*, January, 1908, p. 7.)

Erythrodermia Desquamativa, A Peculiar Universal Dermatitis of Sucklings. C. LEINER. (*Archiv f. Derm. u. Syph.*, January, 1908, p. 65.)

Gangræna Cutis Hysterica. H. P. TOWLE. (*Journ. of Cut. Dis.*, November, 1907, p. 477.)

Gangosa. O. J. MIECK, N. T. MCLEAN, and P. A. SURGEONS. (*Journ. of Cut. Dis.*, November, 1907, p. 503.)

Impetigo, Hepatic Complications of. B. AUCHÉ. (*Journ. de Méd. de Bordeaux*, December 20th, 1907, p. 830.)

Kraurosis Vulvæ, Clinical Study of. G. THIBIERGE. (*Ann. de Derm. et de Syph.*, January, 1908, p. 1.)

Kraurosis Vulvæ, Breisky's; Four Cases, Three of them complicated with Epithelioma. J. EDGAR. (*Glasgow Med. Journ.*, December, 1907, p. 481.)

Lichen Planus, Atrophic. DUBREUILH and PETGES. (*Ann. de Derm. et de Syph.*, December, 1907, p. 715.)

Lupus Erythematosus, Observations on its Ætiology and Treatment. J. M. H. MACLEOD. (*Practitioner*, January, 1908, p. 21.)

Multiple Abscesses in Infants, The Causes and Treatment of. F. LEWANDOWSKY. (*Deutsch. med. Wochenschr.*, November 21st, 1907, No. 47.)

Noma, A Bacteriological Study of Seven Cases. R. C. ROSENBERGER. (*New York Med. Journ.*, February 1st, 1908, p. 200.)

Pemphigus, Recurrent, E. LEVONI. (*Riv. là Med.*, October, 1907, p. 167.

Pityriasis Rubra (Hebra), On a Case of. AUGUST HALLE. (*Archiv f. Derm. u. Syph.*, December, 1907, p. 247.)

Pityriasis Rubra Pilaris. BREDA. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, 1907, F. v., p. 527.)

Psoriasis: Its Clinical and Microscopical Characters, Diagnosis, and Treatment. A. WHITFIELD. (*Med. Press*, January 8th, 1908, p. 34.)

Purpura Rheumatica and Erythema Exudativum Multiforme Hebræ, Alternating Appearance of. VÖRNER. (*Münch. med. Wochenschr.*, December 31st, 1907.)

Rosacea. P. G. UNNA. (*Med. Klin.*, September 8th, 15th, 22nd, 29th, 1907.)

Urticaria Chronica, The Thyroid as a Factor in. M. L. RAVITCH. (*Journ. of Cut. Dis.*, November, 1907, p. 512.)

Urtica Urens, Experiments on. R. WINTERNITZ. (*Archiv f. Derm. u. Syph.*, December, 1907, p. 299.)

Vesicular and Bullous Affections of the Skin, Clinical Observations on some of the Rarer Varieties of. W. ALLAN JAMIESON. (*Edin. Med. Journ.*, January, 1908, p. 7.)

Zoster Arsenicalis. J. ZEISLER. (*Journ. of Cut. Dis.*, November, 1907, p. 515.)

GRANULOMATA.

Botryomycosis of the Retro-auricular Fissure. E. BODIN. (*Ann. de Derm. et de Syph.*, January, 1903, p. 28.)

Lupus Erythematodes (Peculiar Localisation on the Scalp and Involvement of Red Portion of the Lips). G. BAUMM. (*Archiv f. Derm. u. Syph.*, November, 1907, p. 99.)

Lupus Follicularis Disseminatus, Contribution to the Pathogenesis and Clinical Characteristics of. KRAUS. (*Monats. f. prakt. Derm.*, December 1st, 1907, p. 529.)

Lupus, Ulcerative and Vegetating, of the Thigh, with Serpiginous Advance. PAUTRIER and FAGE. (*Ann. de Derm. et de Syph.*, January, 1908, p. 30.)

Lupus Vulgaris of the Mucous Membrane and its Treatment (analysis of 417 cases). H. EMLYN JONES. (*London Hospital Gazette*, January, 1908, p. 79.)

Miliary Lupus, On a "Riziform" Variety of. CH. AUDRY. (*Ann. de Derm. et de Syph.*, January, 1908, p. 24.)

Mycosis Fungoides, its Relationship to Infection and to Malignant New Growth (bibliography). BUSHNELL and WILLIAMS (communication, British Medical Association). (*Brit. Med. Journ.*, November 16th, 1907, p. 1403.)

Mycosis Fungoides, Contribution to the Study of the Hæmatogenous Theory in the Pathogenesis of. PASINI. (*Monats. f. prakt. Derm.*, November 15th, 1907, p. 481.)

Pseudo-leukæmia and Leuko-sarcomatosis, On the Skin-changes in. C. KREIBICH. (*Archiv f. Derm. u. Syph.*, January, 1908, p. 43.)

Sarcoid, Note on a Case of. S. POLLITZER. (*Journ. of Cut. Dis.*, January, 1908, p. 15.)

Sporotrichosis, A Case of. BONNET. (*Ann. de Derm. et de Syph.*, November, 1907, p. 680.)

Tuberculosis, The Ophthalmic and Cutaneous Reaction in Diseases of the Skin due to, or not. NICOLAS and GAUTHIER. (*Ann. de Derm. et de Syph.*, December, 1907, p. 705.)

Tuberculoid Sporotrichoses. DE BEURMANN and GOUGEROT. (*Ann. de Derm. et de Syph.*, November, 1907, p. 655.)

Tuberculosis of the Skin in Infants. HAMBURGER. (*Münch. med. Wochenschr.*, January 21st, 1908, p. 107.)

Tuberculous Skin Diseases, The Diagnosis and Treatment of. F. NAGELSCHMIDT. (*Deutsch. med. Wochenschr.*, October 3rd, 1907.)

Tuberculosis of the Vulva, Two Cases of (hypertrophic and ulcerating). MÉRIEL. (*Ann. de Gynécologie*, December, 1907, p. 736.)

Yaws, Observations upon Treponema Pertenuis Castellani of Yaws and the Experimental Inoculation of the Disease in Monkeys. ASHBURN and CRAIG. (*Philippine Journ. of Science*, 1907, vol. ii, p. 441.)

Yaws, a Histologic Study. H. T. MARSHALL. (*Philippine Journ. of Sciences*, 1907, vol. ii, p. 469.)

Yaws, Observations on the Presence of the *Spirochæte Pertenuis* (Castellani). E. W. K. VOM DEM BORNE. (*Journ. of Trop. Med. and Hyg.*, November, 1907, p. 345.)

Yaws, The Transmission of, by Ticks. E. E. MADDER. (*Journ. of Trop. Med. and Hyg.*, November 15th, 1907, p. 361.)

NEW GROWTHS.

Cutaneous Horn, Case of. J. M. ELDER. (*Montreal Med. Journ.*, January, 1908, p. 38.)

Epithelioma, Multiple Benign Cystic. M. L. HEIDINGSFELD. (*Journ. of Cut. Dis.*, January, 1908, p. 18.)

Keratosis Spinulosa. S. PICCARDI. (*Giorn. Ital. Mal. Ven. e della Pelle*, 1907, vol. xlviii, p. 303.)

Lupus Carcinoma. J. H. SEQUEIRA. (*Brit. Journ. Derm.*, February, 1908, p. 40.)

Lymphangio-endothelioma Cutis Abdominis. F. JULIUSBERG. (*Archiv f. Derm. u. Syph.*, January, 1908, p. 77.)

Paraffinoma, On the Histology of. K. SAKURANE. (*Archiv f. Derm. u. Syph.*, December, 1907, p. 291.)

Petrificatio Cutis Circumscripta. S. REINES. (*Archiv f. Derm. u. Syph.*, December, 1907, p. 267.)

Porokeratosis, Epithelioma Superimposed Upon. C. LOMBARDO. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, 1907, vol. xlviii, p. 699.)

Syringoma (Lymphangioma Tuberosum Multiplex). S. DOHI. (*Archiv f. Derm. u. Syph.*, November, 1907, p. 63.)

Wart-like Dermatitis of the Uncovered Portions of the Skin. BOSELLINI. (*Monats. f. prakt. Derm.*, December 15th, 1907, p. 581.)

CONGENITAL AFFECTIONS.

Congenital Ichthyosiform Erythrodermia with Hypercpidermotrophia (case exhibition). NICOLAS and JAMBON. (*Lyon Médical*, January 19th, 1908, No. 158.)

Cutis Verticis Gyrata. UNNA. (*Monats. f. prakt. Derm.*, September 1st, 1907, p. 227.)

Hyperidrosis Unius Lateris Congenita. VÖRNER. (*Deutsch. med. Wochenschr.*, December 12th, 1907, p. 2090.)

Ichthyosis Hystrix Linearis, Notes on a Case of Congenital. J. H. STOWERS. (*Brit. Journ. Derm.*, January, 1908, p. 1.)

Ichthyosis, Observations on. BLASCHKO. (*Derm. Zeitschr.*, December, 1907, p. 725.)

Keratoma Palmare et Plantare Hereditarium. H. VÖRNER. (*Archiv f. Derm. u. Syph.*, November, 1907, p. 109.)

Nævi and Telangiectasis. GAUCHER. (*La Méd. Moderne*, November 20th, 1907, p. 271.)

Nævus Myomatosus, Histopathology of a Solitary Myoma Cutis. JESIONEK and WERNER. (*Archiv f. Derm. u. Syph.*, December, 1907, p. 223.)

Recklinghausen's Disease, a Case of Incomplete (Fruste). GUINON and REUBSAËT. (*Maladies de l'Enfance*, November, 1907, p. 507.)

Xeroderma Pigmentosum. W. B. ADAMS. (*Journ. of Cut. Dis.*, October, 1907, p. 472.)

AFFECTIONS OF VASCULAR SYSTEM.

Hæmorrhages from the Mucous Membranes and into the Skin in Bright's Disease. D. RIESMAN. (*Amer. Journ. Med. Sci.*, November, 1907, p. 709.)

Hémophilie Avec Stigmates Télangiectasiques. Reference to a Case, by A. CHAUFFARD. (*Bull. et Mém. de la Soc. Méd. des Hôpit. de Paris*, April 10th, 1896; *Et Semaine Méd.*, 1896, p. 154.)

Purpura Annulaire Télangiectasique. BALZER and J. GALUP. (*La Méd. Moderne*, January 22nd, 1908, p. 27.)

Telangiectatic Lesions of the Skin Occurring in the Subjects of Graves' Disease. J. NEVINS HYDE. (*Brit. Journ. Derm.*, February, 1908, p. 33.)

Telangiectasies, Multiple, with Recurrent Hæmorrhages; a Little-known Family Syndrom (Review). (*La Semaine Méd.*, January 1st, 1908, p. 5.)

NEUROSES.

Pruritus of Tabes. G. MILIAN. (*Bulletins de la Soc. Méd. des Hôpit.*, October, 17th, 1907, p. 991.)

Pruritus in Tabes. GÜNZBURGER. (*Münch. med. Wochenschr.*, December 31st, 1907.)

Tricopathophobia. A. D. MEWBORN. (*Journ. of Amer. Med. Assoc.*, January, 4th, 1908, p. 19.)

PARASITIC.

Actinomycosis of the Skin of the Foot. L. BUERGER. (*Amer. Journ. Med. Sci.*, November, 1907, p. 702.)

Cytoryctes Variolæ; the Organism of Smallpox. GARY N. CALKINS. (*Journ. of Cut. Dis.*, December, 1907, p. 559.)

Eczema Marginatum (Hebra) and its Parasite. R. SABOURAUD. *Archives de Méd. Expérim.*, September and November, 1907, p. 565.)

Madura Foot, On the Histology and Bacteriology of. E. DÜBENDORFER. (*Archiv f. Derm. u. Syph.*, November, 1907, p. 3.)

Oriental Sore and its Parasite. Sir P. MANSON. (*Journ. of Trop. Med. and Hyg.* December 2nd, 1907, p. 380.)

Tinea Albigena and the Cultivation of its Fungus. A. W. NIEUWENHUIS. (*Archiv f. Derm. u. Syph.*, January, 1908, p. 3.)

GENERAL.

Falling of the Hair in Women. R. SABOURAUD. (*Gaz. de Gynécol.*, December 1st, 1907.)

Hairs, On the Development, Growth, and Reproduction of Short-lived Hairs. THOMAS REID. (*Glasgow Med. Journ.*, January, 1908, p. 1.)

Pediculus Corporis in the Transmission of Relapsing Fever, The Part Played by. F. P. MACKIE. (*Brit. Med. Journ.*, December 14th, 1907, p. 1706.)

Skin-diseases, Therapy of, for Practitioners and Students. LEO RITTER v. ZUMBUSCH. (*Franz Deuliche*, Leipzig and Vienna, 1908, pp. 300, 5*s.*)

The Practice of Skin-diseases, Unna's Teaching, for Students and Practitioners. JWAN BLOCH, Berlin. (Introduction by P. G. Unna, 92 Illustrations, pp. 698, 18*s.*; Urban and Schwarzenberg, Berlin and Vienna, 1908.)

Tropical Diseases of the Skin, Report on. DUBREUILH. (*Journ. of Cut. Dis.*, October, 1907, p. 442.)

SYPHILIS.

Leucodermia Syphiliticum. ALFRED BRANDWEINER. (*Franz Deutliche*, Leipzig and Vienna, 1907; 2 coloured plates and 2 diagrams, pp. 150, 4*s.*)

Leucodermia Syphiliticum, Further Contribution to the Meaning of the Colouring Matter of the Skin, with Remarks on. SOLGER. (*Derm. Zeitschr.*, December 1907, p. 733.)

Spirochæta Pallida, A Rapid Method of Demonstration for Diagnosis. J. D. WEIS. (*New Orleans Med. and Surg. Journ.*, 1908, vol. lx, p. 561.)

Spirochæta Pallida in Tertiary Syphilis. MALINOWSKI. (*Monats. f. prakt. Derm.*, November 15th, 1907, p. 499.)

Syphilis, The Treatment of, with Arsenic. O. ROSENTHAL. (*Berliner klin. Wochenschr.*, January 20th, 1908, p. 101.)

Syphilis, On the Hereditary Transmission of, to the Third Generation. BURGSDORF. (*Ann. de Derm. et de Syph.*, January, 1908, p. 18.)

Syphilis, Osteopathies of Quaternary. GAUCHER and LEVY-BING. (*Journ. of Cut. Dis.*, January, 1908, p. 1.)

Syphilis with Atoxyl, On the Treatment of. E. WELANDER. (*Archiv f. Derm. u. Syph.*, January, 1908, p. 31.)

Syphilis. HENRY WALDO. (*Bristol Med. Chir. Journ.*, December, 1907, p. 289.)

Syphilis, On the Action of Atoxyl in. DI MASO. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, 1907, Fasc. v, p. 518.)

Syphilis, Hereditary, On a Case of. DE FAVENTO. (*Giorn. Ital. d. Mal. Ven. e della Pelle.*, 1907, Fasc. v, p. 513.)

Syphilis, Acute Yellow Atrophy of the Liver in the Course of Secondary. H. KANITZ. (*Archiv f. Derm. u. Syph.*, November, 1907, p. 35.)

Syphilis, On the Use of Gray Oil in the Treatment of. K. ZIELER. (*Archiv f. Derm. u. Syph.*, November, 1907, p. 113.)

Syphilis, Parasitology, Present State of Knowledge of. O. T. SCHULTZ. (*Journ. of Cut. Dis.*, October, 1907, p. 429.)

Syphilis, To the Third Generation, Transmission of (Interstitial Keratitis as a Symptom of Hereditary Syphilis in the Third Generation). v. BURGSDORF. (*Ann. de Derm. et de Syph.*, January, 1908, p. 18.)

Syphilitic Arteritis, Peripheral. H. S. KLOTZ. (*Journ. of Cut. Dis.*, October, 1907, p. 449.)

Syphilitic Re-infection, A Case of, and Cases of **Syphilis Insontium.** G. K. SWINBURNE. (*Journ. of Cut. Dis.*, October, 1907, p. 468.)

TREATMENT.

Acne, Treatment of, and Chronic Eczema. R. H. BOGGS. (*Journ. Amer. Med. Assoc.*, August 31st, 1907.)

Acne Vulgaris, Contributions to the Treatment of. KARL HERXHEIMER. (*Medico*, No. 42, October 16th, 1907.)

Acne Vulgaris and its Treatment. R. E. BERING TULARE. (*California State Journ. of Med.*, San Francisco, August, 1907.)

Bacterial Injections in the Treatment of Diseases of the Skin. J. F. SHAMBERG, GILDERSLEEVE, and SHOEMAKER. (*Journ. of Cut. Dis.*, December, 1907, p. 544.)

Bacterial Inoculation in the Treatment of Suppurative and Tuberculous Diseases of the Skin after the Method of Wright. V. M. VON EBERTS. (*Journ. of Cut. Dis.*, December, 1907, p. 538.)

Calmette's "Ophthalmo Reaction" for Tuberculosis, A suggestion of caution in its use. ALEX. NAPIER. (*Glasgow Med. Journ.*, January, 1908, p. 5.)

Chilblains, The Treatment of. F. GARDINER. (*Practitioner*, February, 1908, p. 251.)

Dermatitis Exfoliativa, The Treatment of. LANGSTEIN. (*Therap. Monats.*, No. 52, December, 1907.)

Eczema, On the Treatment of, with Tar Preparations. KARL HERSCHEIMER. (*Berl. klin. Wochenschr.*, January 20th, 1908, p. 99.)

Electricity and Magnetism of the Human Skin, Further Researches on the. E. HARNACK. (*Münch. med. Wochenschr.*, No. 5, 1908, p. 224.)

Finsen and Quartz Lamps, Experimental Study on. P. MULZER. (*Archiv f. Derm. u. Syph.*, December, 1907, p. 307.)

Frost-bite, The Origin of, and its Treatment by Artificial Hyperæmia. CARL RITTER. (*Archives of the Röntgen Ray*, No. 88, November, 1907, p. 170.)

Hypertrichosis, The Present Treatment of. L. BROCQ. (*Philadelphia Internat. Clinics*, vol. iii, 1907.)

Itch, Treatment of. (*La Clinique*, September 27th, 1907).

Liquid Air in Dermatology, Its Indications and Limitations. H. WHITEHOUSE. (*Journ. of Amer. Med. Assoc.*, August, 1907, p. 371.)

Light and X-ray Treatment of Skin Diseases. Malcolm Morris and S. Ernest Dore. (Cassell and Company, London, 1907. 5*s*.)

Lupus, Tubercular, The Treatment of. A. Winkelried Williams. (*Antiseptic*, December, 1907.)

Lupus Vulgaris, The Pyrogallol Treatment of. Fritz Veill. (*Berl. klin. Wochenschr.*, February 10th, 1908, p. 313.)

Malignant Pustule, Treatment of. (*La Quinzane Therap.*, September 10th, 1907.)

Mycosis Fungoides, The Cure of, with X rays. H. Hübner. (*Fortschritte d. Med.*, 1908, No. 1, p. 7.)

Sulphur, On the Therapeutic Employment of. Riecke. (*Deutsch. med. Wochenschr.*, December 12th, 1907, p. 2088.

Microsporon, Trichophyton and Favus, Treatment by X rays. F. R. Berger. (*Archiv f. Derm. u. Syph.*, December, 1907, p. 179.)

Nævi and Teleangiectases, The Cosmetic Treatment of. Kiichi Ogata. (*Deutsch. med. Wochenschr.*, December 26th, 1907; January 2nd, 1908, p. 26.)

Novocaine in Dermatology. F. Taliani. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, F. v., 1907, p. 581.)

Opsonic Method in Skin Disease. Arthur Whitfield. (*Journ. of Cut. Dis.*, December, 1907, p. 529.)

Pruritus Cutaneus, The Treatment of, especially of Pruritus Ani. Kromayer. (*Deutsch. med. Wochenschr.*, January 9th, 1908, p. 59.)

Psoriasis, On the Treatment of by X-rays. Max Joseph. (*Rev. de méd. Phys. Contemp.*, October 15th, 1907; *Zeits. f. neuere Phys. Med.*, October, 1907.)

Radio-Therapeutics, Its Biological Basis, Applications, and Indications. R. Kienböck.

Ringworm and its Treatment, Technique of Röntgen Treatment. L. H. Harris. (*Austral. Med. Gaz.* [Sydney], October, 1907.)

Sweating Hands, Röntgen Rays in the Treatment of. Kromayer. (*Berl. klin. Wochenschr.*, December 16th, 1907.

The Finsen Lamp and the Quartz Lamp, Experiment on the Action of. P. Mulzer. (*Archiv f. Derm. u. Syph.*, November, 1907, p. 11.)

X-Rays, On the Use of Small Doses of, in Radio-Therapy. H. Rieder. (*Archives of the Röntgen Ray*, No. 89, December, 1907, p. 196.)

X-Rays and High-frequency Currents, Report of 800 Dermatological Cases treated with. Samuel Stern. (*Journ. of Cut. Dis.*, October, 1907, p. 459.)

v. Pirquet's Tuberculin Reaction, Investigation of, in Adults. Fritz Junker. (*Münch. med. Wochenschr.*, February 4th, 1908, p. 218.)

Yaws (Frambœsia), Observations on the Treatment of. A. Castellani. (*Lancet*, November 23rd, 1907, p. 1458.)

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